



Add Additional Investments

For assistance in completing this form please call **1-866-AVE-MARIA**

Important Information About Procedures For Opening A New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in accordance with the Shareholder Privacy Policy. Thank you for investing with us.

USE THIS FORM TO FUND YOUR ACCOUNT BY MAIL

1 INVESTMENT SELECTION

STOCK FUNDS	TAX YEAR (For IRA only)	DOLLAR AMOUNT
<input type="checkbox"/> Ave Maria Growth Fund – AVEGX	_____	\$ _____
<input type="checkbox"/> Ave Maria Rising Dividend Fund – AVEDX	_____	\$ _____
<input type="checkbox"/> Ave Maria Value Fund – AVEMX	_____	\$ _____
<input type="checkbox"/> Ave Maria World Equity Fund – AVEWX	_____	\$ _____
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<input type="checkbox"/> Ave Maria Growth Focused Fund – AVEAX <small>(formerly the Ave Maria Focused Fund)</small>	_____	\$ _____
<input type="checkbox"/> Ave Maria Value Focused Fund – AVERX <small>(formerly the Schwartz Value Focused Fund)</small>	_____	\$ _____
BOND & CASH FUNDS		
<input type="checkbox"/> Ave Maria Bond Fund – AVEFX	_____	\$ _____
<input type="checkbox"/> Ave Maria Money Market Account – GOAXX	_____	\$ _____
Total Investment		\$ _____

2 ACCOUNT REGISTRATION

Account Number _____ Name _____

Address _____ City _____ State _____ Zip _____

3 SIGNATURES

Please establish an account in the Fund(s) selected above with an identical registration to the account listed. I understand that my original Ave Maria Mutual Funds applications will serve as my formal agreement for new account(s).

Signature (Primary) _____ Date _____

Signature (Secondary) _____ Date _____

Make Check Payable to
Ave Maria Mutual Funds
P.O. Box 46707
Cincinnati, OH 45246-0707